

Communications

INDEX NUMBER

TELEPHONE NUMBER

ZIP

Cal

95814

SIG

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

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STD. 262 (REV. 10/92)

CLAIMANT'S NAME Brenda Quintana		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Communications	
POSITION Special Advisor		CB/ID NUMBER		DIVISION OR BUREAU Governors Office	
RESIDENCE ADDRESS [REDACTED]		HEADQUARTERS ADDRESS State Capitol		INDEX NUMBER [REDACTED]	
CITY Sacramento		STATE Cal		ZIP 95814	

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
18-Mar	2:00PM	Sac/merced/sac							pc		228 101.46		101.46
18-Mar	5:45 AM	Sac to OC	✓ 144.64					✓ 299.20	Airfare		0.00	✓ 9.95	453.79
19-Mar	7:00pm	Sac to OC				✓ 13.12	✓ 6.00	133.20	RC	✓ 31.95			184.27
25-Mar	8:00 AM	SAC TO FRESNO	✓ 94.08			✓ 7.82			pc		336 149.52		251.42
26-Mar	7:00pm	Fresno to Sac	✓ 94.08								0.00		94.08
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
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											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
SUBTOTALS			332.80	0.00	0.00	20.94	6.00	432.40	0.00	31.95	564 250.98	9.95	
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$1,085.02	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Governors press conference in Merced. Meetings with local elected officials and RSCC district on water
Meetings in Fresno and Mendota on 4 Day March for water

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240488

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES [REDACTED]	DATE 4-22-09	[REDACTED]	DATE 4/27/09
	DATE		